

# FARBER & CO.

ATTORNEYS, P.C.

*Please Direct All Correspondence to  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621*

December 11, 2019

CPMC Van Ness Campus  
PO Box 278450  
Sacramento, CA 95827

**YOUR ACCOUNT # : 9946981**  
**BALANCE AMOUNT : \$ 100.00**  
**NAME ON ACCOUNT : Jonathan Shockley**

Dear Sir or Madam:

Please be advised that this office represents the above-named patient in her California workers' compensation case. I am in receipt of your statement (copy enclosed).

Please be advised that these expenses were incurred as part of a medical treatment in connection with the above mentioned Workers' Compensation case. As such, the responsible party for these charges is the Employers' Compensation Carrier. In this case, the employer's workers' compensation carrier is:

**Workers Compensation Insurance**  
**Carrier: Chubb Group Los Angeles**

**Our Client : Jonathan Shockley**

**Employer : Cardionet LLC**

**Adj. : Mario Castro**

**Claim # : 7173815490**

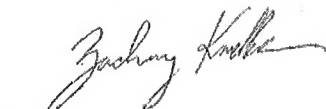
**Tel : 2136125378**

**WCAB # : ADJ12031731**

The carrier or the employer is the appropriate party to whom to send your bill. Please be advised that, **pursuant to Labor Code §3751(b), it is illegal to attempt to collect a bill directly from the injured worker.**

Very truly yours,  
FARBER & COMPANY ATTORNEYS, P.C.

Zachary Kweiler, Esq.



Encl.

(1) Copy of bill

Patient Name: **Jonathan D Shockley**  
Guarantor Name: **Jonathan D Shockley**  
Guarantor Account #: **9946981**  
Hospital Account #: **405680969**  
Bill Date: **12/02/19**

Page 1 of 2

**HOSPITAL SERVICES BILL SUMMARY**

Total Charges	2,410.00
Payments/Adjustments	- 2,310.00
New Balance	\$ 100.00

**Payment Due**

Your Insurance Has Been Billed.  
Your Responsibility To Pay Is

**\$ 100.00**

Please Pay In Full By

**01/01/20**

Thank you for choosing CPMC Van Ness Campus. The amount due represents your responsibility.

**Insurance Information On File**

Primary: **Blue Shield**  
Secondary: **No Secondary Insurance**

For your security, credit card payments are accepted online or by phone.



**Pay Online (Recommended)**  
[myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org)



**Pay By Phone (24/7)**  
Call 855-398-1633.



**Pay By Mail**  
Send your check using the coupon below.



**Billing Help**  
Call 855-398-1633, 7:00am - 5:00pm, Monday through Friday. When asked, please provide your account number, which is **405680969**. Please note that our call volumes are heaviest on Mondays, which may result in longer than average wait times. Si necesita asistencia en Espanol favor de llamar al Departamento para Servicio al Cliente al siguiente numero 1-855-398-1633



**Financial Assistance**  
Call 855-398-1633. Please tell us if you cannot pay your bill in full and let us help you. Monthly payment plans and other financial assistance programs are available for patients that meet certain financial criteria. To learn more, visit [www.sutterhealth.org/for-patients/financial-assistance](http://www.sutterhealth.org/for-patients/financial-assistance).




Please See Reverse Side for Account Detail.

Please note that it may take up to three (3) business days for your payment to post.



If your insurance or address has changed, please update online or call 855-398-1633.

2029 2 AB 0.409

  
JONATHAN D SHOCKLEY  
1000 SUTTER ST RM 123  
SAN FRANCISCO, CA 94109-5818

Account Number	405680969
Due Date	01/01/20
Payment Due	\$ 100.00
Amount I am paying	\$ <input type="text"/>



Pay online at [myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org) or by phone at 855-398-1633. We accept Visa, MasterCard, Discover, and American Express.

**Make Checks Payable to:**  
**CPMC Van Ness Campus**  
PO Box 278450  
Sacramento, CA 95827-8450

